

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: William Calfas & Karin A. Calfas  
 Serial No.: Filed herewith  
 Filed: Filed herewith

For: CARRIER FOR A PHYSICALLY  
 CHALLENGED PERSON

Pacific Palisades, California

## DECLARATION OF WILLIAM CALFAS

I am 72 years of age as of this date. I make this declaration in support of a petition to make the above-identified patent application special in the United States Patent and Trademark Office.

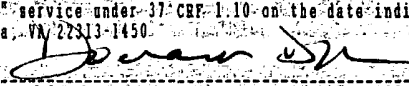
The undersigned being hereby warned that willful false statements and the like so made are punishable by fine or imprisonment, or both under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of this application or any resulting patents, declares that his statements herein are true.

Dated: 7-3-03

  
 William Calfas

EVO120621,802

7 July 03

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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☒ Declaration Submitted with Initial Filing OR ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

|                         |                |
|-------------------------|----------------|
| Attorney Docket Number  | 5198           |
| First Named Inventor    | William Calfas |
| <b>COMPLETELY KNOWN</b> |                |
| Application Number      | /              |
| Filing Date             |                |
| Group Art Unit          |                |
| Examiner Name           |                |

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**CARRIER FOR A PHYSICALLY CHALLENGED PERSON**

the specification of which (Title of the invention)

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.66.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 355(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed     | Certified Copy Attached? |                          |
|-------------------------------------|---------|----------------------------------|--------------------------|--------------------------|--------------------------|
| NONE                                |         |                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                     |         |                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                     |         |                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                     |         |                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/026 attached hereto.

I hereby claim the benefit under 35 U.S.C. 115(a) of any United States provisional application(s) listed below.

| Application Number(s) | Filing Date (MM/DD/YYYY) | <input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/026 attached hereto. |
|-----------------------|--------------------------|--|
| NONE                  |                          |  |

(Page 1 of 2)

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Donald D. Hon

Reg. No. 18,255

1. hereby state the benefit under 35 U.S.C. 100 of any United States application, or benefit of any PCT International application designating the United States of America, United States and, together to the assigned matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the last paragraph of 35 U.S.C. 118, I acknowledge the duty to disclose information herein is required to substantially to claimed in 35 CFR 1.64 which is made available between the filing date of the first application and the priority or PCT International filing date of this application.

| U.S. Parent Application or POT Parent Number | Parent Filing Date (MM/DD/YYYY) | Parent Patent Number (if applicable) |
|--|---------------------------------|--------------------------------------|
| NONE   |                                 |                                      |

☐ Address of U.S. or FOY International application number are listed on a supplementary priority basis under PTO/CAN/UK national number.

As a Federal Register, I hereby accept the following proposed conditions: (1) to provide the information and to remove it from the Public

and Trademark Office reported that the

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|---------------|---------------------|------|---------------------|
| Donald D. Mon | 18,255              |      |                     |

Additional material (if available) noted on supplementary Reporting Worksheet Information sheet PTO-0017C (MAGNUS BAKEL)

Direct all correspondence to ☐ Customer Number  
or ☐ Key Code Label

Q9 ☒ Correspondence address below

|         |                                  |  |           |                |       |        |                |       |
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1 hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are true to the best of my knowledge and belief. These statements were made with no fraudulent intent either false statements and the law so made punishable by law to imprisonment, or death, under 18 U.S.C. 1001 and that such valid false statements may jeopardize the validity of the statements of my future accused brothers.

Name of Sole or First Inventor:

☐ A position has been filed for this unsigned insertion.

|  |  |                       |       |                        |         |        |           |        |
|--|--|-----------------------|-------|------------------------|---------|--------|-----------|--------|
| Given Name (first and middle if any)   |  |                       |       | Family Name or Surname |         |        |           |        |
| William  |  |                       |       | CARRAS                 |         |        |           |        |
| Inventor's Signature   |  | <i>William Carras</i> |       |                        |         | Date   | 7-5-03    |        |
| Residence City   |  | Pacific Palisades     | State | CA                     | Country | U.S.A. | Continent | U.S.   |
| Send O&S Address   |  | 835 Toulon Drive      |       |                        |         |        |           |        |
| Send O&S Address   |  |                       |       |                        |         |        |           |        |
| City   |  | Pacific Palisades     | State | Calif.                 | ZIP     | 90272  | Country   | U.S.A. |
| <input type="checkbox"/> Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/BB/02A attached hereto |  |                       |       |                        |         |        |           |        |

☐ Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/BB/02A attached hereto

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|                    |  |
|--------------------|--|
| <b>DECLARATION</b> | <b>ADDITIONAL INVENTOR(S)<br/>Supplemental Sheet</b> |
|--------------------|--|

|  |                   |                |    |   |               |         |               |    |
|--|-------------------|----------------|----|---|---------------|---------|---------------|----|
| Name of Additional Joint Inventor, if any:   |                   |                |    | <input type="checkbox"/> A petition has been filed for this unsigned inventor |               |         |               |    |
| Given Name   | Karin             | Middle Initial | A. | Family Name   | Calfas        | Suffix  | e.g. Jr.      |    |
| Inventor's Signature   | Karin A. Calfas   |                |    |   | Date          | 7-3-03  |               |    |
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| Post Office Address  |                   |                |    |   |               |         |               |    |
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| Name of Additional Joint Inventor, if any:   |                   |                |    | <input type="checkbox"/> A petition has been filed for this unsigned inventor |               |         |               |    |
| Given Name   |                   | Middle Initial |    | Family Name   |               | Suffix  | e.g. Jr.      |    |
| Inventor's Signature   |                   |                |    |   | Date          |         |               |    |
| Residence: City  |                   | State          |    | Country   |               |         | Citizenship   |    |
| Post Office Address  |                   |                |    |   |               |         |               |    |
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| Name of Additional Joint Inventor, if any:   |                   |                |    | <input type="checkbox"/> A petition has been filed for this unsigned inventor |               |         |               |    |
| Given Name   |                   | Middle Initial |    | Family Name   |               | Suffix  | e.g. Jr.      |    |
| Inventor's Signature   |                   |                |    |   | Date          |         |               |    |
| Residence: City  |                   | State          |    | Country   |               |         | Citizenship   |    |
| Post Office Address  |                   |                |    |   |               |         |               |    |
| Post Office Address  |                   |                |    |   |               |         |               |    |
| City   |                   | State          |    | Zip   |               | Country |               |    |
| Name of Additional Joint Inventor, if any:   |                   |                |    | <input type="checkbox"/> A petition has been filed for this unsigned inventor |               |         |               |    |
| Given Name   |                   | Middle Initial |    | Family Name   |               | Suffix  | e.g. Jr.      |    |
| Inventor's Signature   |                   |                |    |   | Date          |         |               |    |
| Residence: City  |                   | State          |    | Country   |               |         | Citizenship   |    |
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| <input type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto |                   |                |    |   |               |         |               |    |